



TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/602,032
Filing Date	June 24, 2003
First Named Inventor	Yasuhiro KAWAKITA
Group Art Unit	2163
Examiner Name	Helen Roberta ROSE

Attorney Docket Number

31759-190419

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name		26694 PATENT TRADEMARK OFFICE
Signature	 Michael A. Sartori, Ph.D. – Reg. No. 41,289	
Date	March 17, 2006	

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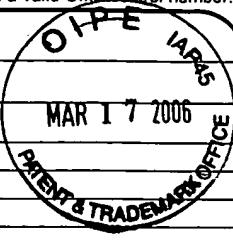
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FEE TRANSMITTAL

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$0)

Complete if Known	
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Filing Date	June 24, 2003
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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																												
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 22-0261				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Lrg Ent Fee (\$)</th> <th>Sm Ent Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1111</td><td>500</td><td>2111</td><td>250 Utility Search Fee</td><td></td></tr> <tr><td>1112</td><td>100</td><td>2112</td><td>50 Design Search Fee</td><td></td></tr> <tr><td>1113</td><td>300</td><td>2113</td><td>150 Plant Search Fee</td><td></td></tr> <tr><td>1114</td><td>500</td><td>2114</td><td>250 Reissue Search Fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100 Utility Examination Fee</td><td></td></tr> <tr><td>1312</td><td>130</td><td>2312</td><td>65 Design Examination Fee</td><td></td></tr> <tr><td>1313</td><td>160</td><td>2313</td><td>80 Plant Examination Fee</td><td></td></tr> <tr><td>1314</td><td>600</td><td>2314</td><td>300 Reissue Examination Fee</td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65 Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25 Surcharge - 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2. EXTRA CLAIM FEES Total Claims: <input type="text"/> = <input type="text"/> X <input type="text"/> = <input type="text"/> Independent Claims: <input type="text"/> = <input type="text"/> X <input type="text"/> = <input type="text"/> Multiple Dependent: <input type="text"/> X <input type="text"/> = <input type="text"/>																																																																																																																																																																																																
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*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY Complete (if applicable)	
Name (Print/Type)	Michael A. Sartori, Ph.D.
Signature	
Reg No. Attorney/Agent)	41,289
Date	March 17, 2006
Telephone	202-344-4000

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UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yasuhiro KAWAKITA

Application No: **10/602,032**

Confirmation No. **9539**

Filed: **June 24, 2003**

For: **INFORMATION PROCESSING
SYSTEM AND INFORMATION
PROCESSING METHOD**

Art Unit: **2163**

Examiner: **Helene Roberta ROSE**

Atty. Docket No: **31759-190419**

Customer No:

26694

PATENT TRADEMARK OFFICE

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This communication is responsive to the Office Action dated December 20, 2005, the time for responding thereto being on or before March 20, 2006.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of the claims which begin on page 2 of this paper.

Remarks begin on page 6 of this paper.